



**LUNG FUNCTION TEST REFERRAL (INTERNAL)**

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_

**LUNG FUNCTION REFERRAL**

Tel: (03) 8405 2444 Fax: (03) 8405 8230

Department of Respiratory Medicine

Northern Hospital

Email: [respiratorylab@nh.org.au](mailto:respiratorylab@nh.org.au)

Medical Director: A/Prof L Hannan

Office use only

**Requesting Doctor**

3 points of ID checked

Name: \_\_\_\_\_

**RFT Appt Date & Time**

Provider number: \_\_\_\_\_

Report to: \_\_\_\_\_

Copy to: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Inpatient

Outpatient

Doctor Appt Date & Time: \_\_\_\_\_

**Clinical History**

**Interpreter needed**

Test on Current Medications

Withhold Medications (Complete Back)

**REQUEST**

- |  |                                     |
|--|-------------------------------------|
| 1. Spirometry Flow/Volume Curve                  | 7. Maximum Respiratory Pressures    |
| 2. TLco (CO Transfer Factor)                     | 8. FeNO                             |
| 3. Static Lung Volumes                           | 9. Skin Prick Testing               |
| 4. Bronchial Provocation (select):               | 10. CPET                            |
| a. Methacholine      b. Mannitol                 | 11. Altitude Simulation Test (HAST) |
| 5. 6MWT ( <i>Complete instructions on back</i> ) | 12. Other:                          |
| 6. Arterial Blood Gases                          |                                     |

**OR** Laboratory to perform clinically appropriate test (please provide detailed clinical history)



FNH332702

HEALTH

NORTHERN

LUNG FUNCTION TEST REFERRAL (INTERNAL)

332702



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### Information for requesting doctors:

- Spirometry Flow/Volume Curve** - a test of ventilatory capacity used to confirm and quantify severity of obstructive lung disease – **if reversibility assessment is needed please advise patient to withhold inhaled medications as below.**
- TLco** – transfer factor is useful in assessing parenchymal gas exchange and pulmonary blood flow.
- Static Lung Volumes** – quantification of lung sub-divisions. Useful in confirming restrictive lung processes, or severity of gas trapping and hyperinflation in obstructive pathologies.
- Bronchial Provocation** – assessment of airway hyper-responsiveness in a controlled dose response to agents known to trigger bronchospasm in asthmatics. **(Inhaled medications must be withheld as below)**
- 6MWT** – an assessment of exercise capacity and oxygen saturation during a standardised 6 minutes of walking exercise. Useful in advanced disease.
- Arterial Blood Gas** – measures gas transport (oxygen, carbon dioxide) in the blood and acid-base balance.
- Maximal Respiratory Pressures** – quantifies respiratory muscle strength, in particular the diaphragm. Useful in neuromuscular diseases.
- FeNO** – assessment of airway inflammation through the measurement of exhaled nitric oxide.
- Skin Prick Tests** – detecting the presence of atopy to common inhaled allergens.
- Cardiopulmonary Exercise Test** – maximal exercise test to evaluate unexplained dyspnoea, evaluate VO<sub>2</sub>peak/max and for surgical risk stratification.
- Altitude Simulation Test** – simulates breathing at high altitude and used to identify patients at risk.

### Pre-test instructions for patients: (Requesting doctor to complete)

- When instructed by your doctor**, on the day of your test do not take your puffers or inhalers **unless absolutely necessary** for the following times prior to your appointment;
  - Short acting puffers** (e.g. Ventolin, Bricanyl, Atrovent) .....8 hours
  - Long acting puffers** (e.g. Seretide, Symbicort, Spiriva, Trimbrow, Trelegy, Fostair, Pavtide, Breztri, Flutiform, Onbrez, Bretaris, Breo, Brimica, Ultibro, Seebri, Incruse, Anoro, Spiolto) ..... 48 hours
  - Large meals, strenuous exercise ..... 2 hours
  - Cigarettes, Caffeine containing products ..... 4 hours
  - Antihistamines (for skin prick testing) .....72 hours
- If your tests include an exercise test (box number 5 or 10 overleaf will be ticked)** please wear loose clothing suitable for fast walking with appropriate footwear.

### 6MWT Protocol: (Requesting doctor to complete)

6MWT standard protocol	Room Air only	O2 only	O2 assessment
O2 flow rate:	L/min	POC Model:	Setting: